



**STRUCTURAL PEST CONTROL BOARD**  
 1418 HOWE AVENUE, SUITE 18, SACRAMENTO, CA 95825  
 Administration (916) 561-8700  
 Licensing (916) 561-8704  
 Complaint (916) 561-8708  
 FAX (916) 263-2469  
[www.pestboard.ca.gov](http://www.pestboard.ca.gov)



REQUEST FOR CHANGE OF  
 REGISTERED COMPANY'S NAME  
 FEE \$25

FOR BOARD USE ONLY	
Cashiering No.:	
Checked by:	Eff. Date

Present Name Style		Registration No.:	
Address	City	State	Zip
New Name Style			
Address	City	State	Zip
<p><b>Application must be accompanied by:</b></p> <ol style="list-style-type: none"> <li>\$25 Fee. Remit by money order, cashier's check or personal check payable to the Structural Pest Control Board. Do not send cash.</li> <li>Company registration and any branch office registration(s).</li> <li>Evidence that fictitious name has properly been recorded if new name style is a fictitious name.</li> <li>Bond and Insurance amended to reflect new name style.</li> </ol> <p>I hereby certify under penalty of perjury under the laws of the State of California that this change of name is not for the purpose of defrauding creditors, or any other person or person or for circumventing the provisions of the Business and Professions Code of California or any other law of the United States, State of California or any political subdivision thereof.</p> <p><i>If licensed as an individual or sole owner, that individual must sign this application. A partnership application must be signed and acknowledged by each partner. A corporation application must be signed by an officer of the corporation, a share holder, and by each qualifying manager.</i></p>			
SIGNATURE		TITLE	DATE